

### 13.03(J) – PPO, POS, HMO and PPO Limited Healthcare Options (rev. 3/26/04)

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- (J) Organ Transplants. Organ transplant benefits will be paid for covered medical expenses related to transplants of the: heart, heart/lung, lung, liver, kidney, pancreas, pancreas/kidney, cornea, small bowel, small bowel/kidney and certain bone marrow transplants. Transplant services or supplies require pre-authorization before any pre-transplant evaluation or any covered service is performed. Coverage will include expenses incurred for donor search and organ procurement by the transplant center or hospital facility and all inpatient and outpatient hospital/medical expenses for the transplant procedure and related pre- and post-operative care, including immunosuppressive drug therapy. Should a transplant request fall outside those addressed and covered by the *Plan Document*, the claims administrator will review the information provided and render a decision based on acceptable medical practices on behalf of the state insurance program. The claims administrator will notify the Division of Insurance Administration of its decision prior to approving such services. If the service(s) or procedure(s) does not meet the claims administrator's accepted medical standards, the covered person will be notified of their option to appeal the decision as described in Section 6.05. If a network facility is utilized for the transplant, travel and living expenses will be covered from the initial evaluation to one (1) year after the transplant (for medically necessary visits only as determined by the claims administrator). Air transportation, if necessary, will be paid at commercial coach fare. Ground travel will be paid at the State of Tennessee approved mileage rate. Additionally, hotel and meal expenses will be paid up to \$150 per diem. The transplant recipient and one other person (guardian, spouse, or other caregiver) are covered. The maximum combined benefit for travel and lodging is \$15,000 per transplant.
- If the donor is not a covered person, covered expenses for the donor are limited to those services and supplies directly related to the transplant itself such as testing for the donor's compatibility, removal of the organ from the donor's body, preservation of the organ, and transportation of the organ to the site of the transplant. Services are covered only to the extent not covered by other health insurance. The search process and securing the donor are also covered under this benefit. Complications of donor organ procurement are not covered. The cost of donor organ procurement is included in the total cost of the organ transplant. No benefits are payable for donor services for recipients who are not covered under the plan. These services are ineligible even when the recipient does not provide reimbursement for the donor's expenses.

Bone marrow transplantation will fall into one (1) of three (3) categories: syngeneic, allogeneic or autologous. Expenses eligible for coverage include the charge to harvest bone marrow for covered persons diagnosed with any covered malignant condition or any conditions approved for coverage by the claims administrator. Coverage for harvesting, procurement, and storage of stem cells, whether obtained from peripheral blood, cord blood, or bone marrow will be covered when re-infusion is scheduled within three (3) months or less. Autologous bone marrow transplantation is considered investigational in the treatment of other malignancies, including primary intrinsic tumors of the brain.

### 13.03(N) – PPO, POS, HMO and PPO Limited Healthcare Options (rev. 3/26/04)

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(N) Bariatric Surgery (weight reduction). The plan will cover as outlined below, **four (4)** surgical procedures for the treatment of morbid obesity:

- (1) Vertical banded gastroplasty accompanied by gastric stapling: **Restricts the size of the stomach using a stapling technique. There is no rearrangement of the intestinal anatomy.**
- (2) Gastric segmentation along the vertical axis with a Roux-en-Y bypass with distal anastomosis placed in the jejunum: **Restricts the size of the stomach by stapling shut 90% of the lower stomach. The proximal intestinal anatomy is rearranged, thereby bypassing the duodenum.**
- (3) Gastric Banding: Involves placing a gastric band around the outside of the stomach. The stomach is not entered.
- (4) Duodenal Switch/Biliopancreatic Bypass: A variant of the biliopancreatic bypass. Instead of performing a distal gastrectomy, a “sleeve” gastrectomy is performed along the vertical axis of the stomach. The sleeve gastrectomy decreases the volume of the stomach and the parietal cell mass. **This procedure is only appropriate for persons with a BMI in excess of 60. See (1) (d) below.**

The following criteria must be met before benefits are available for the procedures listed above:

- (1) Presence of morbid obesity that has persisted for at least five (5) years, defined as either:
  - (a) Body mass index (BMI) exceeding forty (40); or
  - (b) More than one hundred (100) pounds over one’s ideal body weight as provided in the 1983 Metropolitan Life Height and Weight table; or
  - (c) BMI greater than thirty-five (35) in conjunction with the following severe co-morbidities that are likely to reduce life expectancy:
    1. Coronary artery disease; or
    2. Type 2 diabetes mellitus; or
    3. Obstructive sleep apnea; or
    4. Three or more of the following cardiac risk factors:
      - a. Hypertension (BP>140 mmHg systolic and/or 90mmHg diastolic)

- b. Low high-density lipoprotein cholesterol (HDL less than 40mg/dL)
- c. Elevated low-density lipoprotein cholesterol (LDL>100 mg/dL)
- d. Current cigarette smoking
- e. Impaired glucose tolerance (2-hour blood glucose>140 mg/dL on an oral glucose tolerance test)
- f. Family history of early cardiovascular disease in first-degree relative (myocardial infarction at age under fifty [50] in male relative or at age under sixty-five [65] for female relative)
- g. Age greater than forty-five (45) years in men and fifty-five (55) years in women; or

(d) **Body Mass Index (BMI) exceeding 60 for consideration of the Duodenal Switch/Biliopancreatic Bypass procedure.**

- (2) History of failure of medical/dietary therapies (including low calorie diet, increased physical activity, and behavioral reinforcement). This attempt at conservative management must be within two (2) years prior to surgery, and must be documented by an attending physician who does not perform bariatric surgery. (Failure of conservative therapy is defined as an inability to lose more than ten [10] percent of body weight over a six [6] month period and maintain weight loss.)
- (3) **There must be documentation of Medical evaluation of the individual for the condition of morbid obesity and/or its co-morbidities by a physician other than the operating surgeon and his/her associates, and documentation that this evaluating physician concurs with the recommendation for bariatric surgery.**

The claims administrator will determine if all the criteria have been met before approving surgery.